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HEALTH CARE AND RELATED FACILITIES

INFORMATION SHEETS

Department of Health and Human Services
Indian Health Service

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Department of Health and Human Services
Indian Health Service

Health Care and Related Facilities
Information Sheets

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All sheets listed below are also accessible on the IHS Intranet at:
http://www.ihs.gov/nonmedicalprograms/dfee/InfoSheets/Infsheet.ASP

Health Care and Related Facilities
Information Sheets

Public Law 94-437 Program Responsibilities

The Indian Health Service (IHS) Office of Environmental Health and Engineering is responsible for administering the planning, design, and construction of hospitals, health centers, substance abuse treatment centers, and staff quarters as authorized by the Snyder Act, 25 U.S.C. 13; and The Indian Health Care Improvement Act, Public Law (P.L.) 94-437. Below, listed by section number, are the programs specifically authorized by P.L. 94-437 related to health care facilities construction.

Section 301: Inpatient Facilities program for new construction, modernization, and/or major renovation of inpatient facilities.

Section 301: Outpatient Facilities program for new construction, modernization, and/or major renovation of outpatient facilities.

Section 301: Staff Quarters program to provide housing for IHS staff in remote locations.

Section 305: Non-IHS Funds Renovation program in which a tribe renovates an existing IHS facility, with IHS approval, and IHS provides the additional staff and equipment needed.

Section 306: Small Ambulatory Health Center Grants program providing grants to tribes that present acceptable proposals to construct, expand, or modernize tribally-operated non-IHS facilities.

Section 307: (EXPIRED) Indian Health Care Delivery Demonstration program providing contracts with or grants to tribes that develop and present acceptable plans for demonstration projects for alternative and innovative means of providing health care services.

Section 704: Youth Regional Treatment Center program for the construction, renovation, purchase, etc. of a youth regional alcohol and substance abuse treatment center in each IHS Area.

Section 818: Joint Venture Demonstration program for tribes that develop an acceptable plan to construct a facility and lease it to the IHS for 20 years at no cost. IHS equips, staffs, maintains, and operates the facility.

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Health Facilities Construction Priority System

Section 301 of The Indian Health Care Improvement Act, Public Law 94-437, directs the Indian Health Service (IHS) to identify planning, design, construction, and renovation needs for the 10 top-priority inpatient care facilities and the 10 top-priority outpatient care facilities and to submit those needs through the President to the Congress.

In response to this directive, the IHS developed the Health Facilities Construction Priority System (HFCPS) methodology. Under the three-phase HFCPS process, the IHS solicits proposals for health facility construction and ranks them according to their relative need for construction. The highest ranking proposals are added to the Priority Lists.

The HFCPS Methodology

The same evaluation formula is used in Phase I and Phase II for both types of health care facilities. However, Phase I uses easily obtained and verified workload, age, isolation/alternatives, and existing space data so that all proposals can be reviewed and analyzed efficiently. Phase II uses data obtained from a more detailed analyses.

Phase I

When new projects are to be added to the Priority Lists, IHS Headquarters asks each IHS Area Office to submit proposals for Phase I consideration. The IHS uses the HFCPS methodology to review these proposals and to determine which will be considered during the more intensive Phase II review.

Phase II

A limited number of proposals that successfully complete Phase I are considered further during Phase II. The IHS examines these proposals in greater detail and applies the methodology to determine those proposals that will be considered during Phase III.

Phase III

During Phase III, appropriate IHS Area Offices prepare a Program Justification Document (PJD) for each proposed project still being considered. IHS Headquarters reviews each PJD. If the PJD justifies construction, it is approved and the project is placed on the appropriate priority list below those already on the list. Proposed projects that have been approved and placed on a priority list remain on the list until they have been fully funded by congressional appropriations or other funding mechanism.

5-Year Planned Construction Budget

After projects are placed on the Priority Lists, the IHS updates its 5-year planned construction budget. That budget is updated yearly and used as the basis for funding requests.

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Present Health Facilities Priority Rankings

November 2000

Inpatient	Outpatient
Ft. Defiance, AZ* i	Parker, AZ*
Winnebago, NE*	Ft. Yuma, AZ
Phoenix, AZ*	Pinon, AZ* i
Talihina, OK**	Red Mesa, AZ (Montezuma Creek, UT)* i
Barrow, AK	Pawnee, OK*
Nome, AK	St. Paul, AK i
	Metlakatla, AK i
	Sisseton, SD i
	Clinton, OK
	Dulce, NM
	San Simon (Westside), AZ

Staff Quarters

Bethel, AK (79 units)*
Zuni, NM (19 units)
Wagner, SD (10 units)
Ft. Belknap, MT (29 units)
Kayenta , AZ (62 units)

* Partially Funded
** Funded and constructed by the Choctaw Tribe
i Quarters units included with project.

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Proposals Being Considered During Phase III of the Latest Application of the Health Facilities Construction Priority System

Proposals Considered in Phase III

In December 1992, Indian Health Service Area Offices were asked to prepare and submit Program Justification Documents (PJD) for the proposed projects listed below.

Aberdeen Area
Rapid City, South Dakota
Sisseton, South Dakota*
Eagle Butte, South Dakota

Alaska Area
Barrow, Alaska*
Metlakatla, Alaska*****
Nome, Alaska
St. Paul, Alaska*

Albuquerque
Alamo, New Mexico
Albuquerque, New Mexico
Dulce, New Mexico

Oklahoma City Area
Clinton, Oklahoma*
Pawnee, Oklahoma*****
Talihina, Oklahoma*****

Navajo Area
Bodaway - Gap, Arizona
Pueblo Pintado, New Mexico
Gallup, New Mexico
Kayenta, Arizona
Winslow - Dilkon, Arizona

Phoenix Area
San Carlos, Arizona
Whiteriver, Arizona

Tucson Area
Sells, Arizona
Kerwo, Arizona

Projects with approved PJDs are placed on the Priority Lists in the order in which they are approved.

*****PJD approved

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Joint Venture Demonstration Program

Section 818 of The Indian Health Care Improvement Act, Public Law 94-437, authorizes the Indian Health Service (IHS) to establish joint venture demonstration projects under which Indian tribes or tribal organizations would acquire or construct a health facility and lease it to the IHS, at no cost, for at least 20 years. The IHS would not provide planning, design, or construction funding for these facilities; however, it would equip, staff, operate, and maintain them.

Participants in this program would be selected competitively from among eligible applicants who agree to provide an appropriate facility to IHS under a no-cost, 20-year lease.

Proposals considered under this program would be evaluated against the following criteria:

- the need for space at the location is verifiable when evaluated by the Health Facilities Construction Priority System;
- the tribe is able to fund and manage the proposed project;
- the project is consistent with the IHS Health Facilities Planning Manual; and
- the project is consistent with the IHS Area Health Facilities Master Plan.

In fiscal year (FY) 2001, Congress appropriated $5,000,000 to fund this program. In language accompanying this appropriation, the Congress added the additional criteria that, in allocating funds for FY 2000, IHS should give priority to projects on the Health Facilities Construction Priority System. The IHS is developing a methodology to solicit and evaluate tribal proposals when funding becomes available.

Status

Three projects were selected under a similar demonstration program funded initially in FY 1991. Of these, the health centers for the Confederated Tribes of the Warm Springs Reservation of Oregon and the Choctaw Nation of Oklahoma have been constructed; these facilities opened in September 1993 and January 1995, respectively.

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Non-IHS Funds Renovation Projects

Section 305 of the Indian Health Care Improvement Act, Public Law (P.L.) 94-437, authorizes the Indian Health Service (IHS) to accept renovations and modernization of IHS or tribal facilities performed by a P.L. 93-638 contractor. The IHS would not provide planning, design, or construction funding for these facilities; however, it would equip, staff, operate, and maintain them.

No funds have been appropriated for this program. However, the IHS is developing a methodology to solicit and evaluate tribal proposals for placement on a priority list if funding is made available.

Participants in this program would be selected competitively from among eligible applicants who present proposals that are consistent with the IHS planning criteria, including the IHS Health Facilities Planning Manual and applicable Area master planning documents. The number of applicants selected will depend on the amount of funding available.

If a tribe plans to renovate or construct a facility under the provisions of Section 305, they must:

- notify the IHS that they intend to renovate or modernize a facility;
- apply to be placed on a priority list for staff and equipment funding (if applicable);
- demonstrate that the proposed project will be administered in accordance with applicable rules and regulations; and
- obtain IHS approval for the proposed project.

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Small Ambulatory Care Facility Grants

Section 306 of The Indian Health Care Improvement Act, Public Law (P.L.) 94-437, authorizes the Indian Health Service (IHS) to award grants to tribes and/or tribal organizations for construction, expansion, or modernization of ambulatory health care facilities located apart from a hospital. Where non-Indians will be served in a facility, the funds awarded under this authority may be used only to support construction proportionate to services provided to eligible American Indians and Alaska Natives (AI/AN) people.

Participants in this program are selected competitively from eligible applicants.

The fiscal year (FY) 2001 appropriation includes $10,000,000 for this program. An IHS workgroup is developing a methodology to implement the program. Issues being addressed in this methodology include determining the best way to obtain grant applications for selection, the scoring process for applications, and the methodology of determining and evaluating need. The guidelines will address the following criteria specified in the legislation.

- Only Federally recognized Indian tribes that operate non-IHS outpatient facilities under P.L. 93-638 contracts are eligible to apply for this program.
- Facilities for which construction is funded under Section 301 or Section 307 of P.L. 94-437 are not eligible for this type of grant.
- Priority will be given to tribes that can demonstrate a need for increased ambulatory health care services and insufficient capacity to deliver such services.
- The completed facility will be available to eligible Indians without regard to ability to pay or source of payment.
- Adequate financial support will be available for services at the completed facility.
- The completed facility will:
  - Have sufficient capacity to provide the required services.
  - Serve at least 500 eligible AI/AN people annually.
  - Provide care for a service area with a population of at least 2,000 eligible persons.

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Indian Health Care Delivery Demonstration Projects To Test of Alternative Means For Delivering Health Care Services

Section 307 of The Indian Health Care Improvement Act, Public Law 94-437, authorized the Indian Health Service (IHS) to enter into contracts with or make grants to tribes or tribal organizations to carry out demonstration projects that test alternative means of delivering health care services to Indians.

No funds were appropriated for this program and authorization for it expired on September 30, 1995.

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Quarters Construction Priority System

Section 301 of The Indian Health Care Improvement Act, Public Law 94-437, directs the Indian Health Service (IHS) to identify planning, design, construction, and renovation needs for quarters for personnel working at IHS health care facilities.

In response to this directive, IHS has developed two processes to determine its quarters requirements. At locations being considered during Phase III of the Health Facilities Construction Priority System, IHS assumes there may be a high priority need to construct quarters. Therefore, a Quarters Construction Priority System Phase II data sheet is prepared at the same time as the Program Justification Document for the health facility. If construction of quarters may be justified, a Program Justification Document for Quarters (PJDQ) is prepared and included as a TAB in the health facilities Program Justification Document.

For other existing facilities, the Quarters Construction Priority System (QCPS) is used to determine quarters requirements. Under the three-phase QCPS process, IHS solicits and ranks proposals for quarters according to their relative need for construction. The highest ranking proposals are added to the Quarters Construction Priority List.

Phase I

To assess need for quarters at IHS facilities not currently being considered for replacement or expansion, IHS Headquarters periodically asks each IHS Area Office to submit proposals for Phase I consideration. The IHS uses the QCPS methodology to review these proposals and to determine which will be considered during the more intensive Phase II review.

Phase II

A limited number of proposals that successfully complete Phase I are considered further during Phase II. The IHS examines these proposals in greater detail and applies the QCPS methodology to determine which proposals will be considered during Phase III.

Phase III

During Phase III, appropriate IHS Area Offices prepare a PJDQ for each proposed project successfully completing Phase II of the QCPS. IHS Headquarters reviews each PJDQ.

If the PJDQ justifies construction, it is forwarded to the Director, OEHE, with the recommendation that it be approved. After a PJDQ is approved, those projects not associated with a health care facilities construction project are placed on the Quarters Construction Priority List below those already on it. Those quarters projects approved in conjunction with health care facilities PJDs are included as part of those facilities construction projects on the Health Facilities Construction Priority List. Projects that have been approved and placed on a priority list remain on the list until they have been funded fully by congressional appropriations or other funding mechanism.

5-Year Planned Construction Budget

After projects are placed on the Priority List, the IHS updates its 5-year planned construction budget. That budget is updated yearly and used as the basis for funding requests. Quarters projects associated with facilities are not placed on the Quarters Priority List but are placed on the 5-year Planned Construction Budget with the health facilities construction project.

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Other Funding Program Responsibilities

The Indian Health Service, (IHS) Office of Environmental Health and Engineering, is responsible for administering the planning, design, and construction of health facilities construction projects funded each year by the Appropriation Committees. Below is a list of programs and projects authorized by other than P.L. 94-437, the Indian Health Care Improvement Act.

Medicare/Medicaid: The House/Senate conference report on FY 1993 appropriations for the Department of the Interior and Related Agencies authorizes IHS to spend up to $1,000,000 in Medicare/Medicaid funds for renovation or new construction to correct Joint Commission on Accreditation of Healthcare Organizations deficiencies.

Health Services Carryover Funding: The Department of the Interior and Related Agencies Appropriations Act for FY 1993 permits IHS P.L. 93-638 contractors to use carryover Services funds to purchase, renovate and/or erect modular buildings necessary to provide health care services. The FY 1994 Appropriations Act expanded this permission to include the use of carryover Health Services funds to renovate existing space.

Level of Need Funded: Congressionally mandated expansion of services may also require additional space. If so, the Congress may transfer a portion of the "Services" funds to the "Facilities" appropriations to be used for space improvements or expansions. The IHS and tribal programs must use those facilities funds for additional space or improvements.

Modular Dental Units: In recent years, approximately $1,000,000 annually has been appropriated to replace modular/mobile dental units. In the past, these funds were allocated by the IHS dental program. However, in the FY 1994 appropriations act, the Congress transferred the responsibility to the IHS Facilities Program.

Community Hospitals: P.L. 85-151, permits the use of available appropriations for construction of community hospitals which provide care to Indians and non-Indians.

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Medicare/Medicaid

BACKGROUND

The Congress allows IHS to use Medicare/ Medicaid (M/M) collections for construction to correct accreditation deficiencies in IHS facilities.

The House/Senate conference report on fiscal year 1993 appropriations for the Department of the Interior and Related Agencies contains language that changes how IHS may use M/M collections for construction.

- Increases the amount that may be spent on a project from $250,000 to $1,000,000,
- Provides authority to construct temporary or permanent space, and
- Permits IHS to undertake projects without first obtaining congressional approval. (The IHS will notify the Congress annually of projects approved and completed.)

IMPLEMENTATION

Congressional intent in authorizing use of M/M funds for construction primarily is to correct JCAHO deficiencies. The IHS has established guidelines to ensure that these projects are in accord with this intent, that funds are used appropriately, and that proposed projects are consistent with IHS planning criteria and guidelines.

FUNDING HISTORY

Funds expended for this program come from M/M collections and do not impact the IHS budget appropriations.

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Health Services Carryover Funds

BACKGROUND:

The Department of the Interior and Related Agencies Appropriations Act for FY 1993 permits P.L. 93-638 health services contractors, in limited circumstances, to use health services carryover (HSC) funds for the purchase, renovation, and erection of modular buildings.

In FY 1994, this authorization was expanded to allow use of HSC funds for renovating existing space.

IMPLEMENTATION:

Any non-construction health care services delivery contracts awarded under authority of P.L. 93-638 which have sufficient carry over funds may use these funds, with IHS approval, to expand, renovate, or purchase modular buildings and to renovate existing buildings needed to provide health care services. The IHS has developed guidelines determining the necessity for proposed construction projects and for processing planning, design, and construction documents for review and approval.

FUNDING HISTORY:

Funds expended for this program come from previously appropriated services funds carried over from one fiscal year to another, and do not impact the IHS budget.

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Level of Need Funded Facilities Space

BACKGROUND

The Congress sometimes provides additional Health Services funds, level of need funded (LNF), to expand health services provided at specific locations. However, this expansion of services may be precluded by space constraints, and the Congress may transfer a portion of the "Services" funds to the "Facilities" appropriation to be used for one-time expenses associated with the expansion of space.

IMPLEMENTATION

To assure each project receives the proper review and coordination, the IHS, has established guidelines for preparation, submittal, review, and approval of the necessary documents. Only projects for expanded space to support new, congressionally mandated expansion of health care services may be considered under this program.

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Modular Dental Units

BACKGROUND

The House/Senate conference report on fiscal year 1994 appropriations for the Department of the Interior and Related Agencies contains language that makes the IHS facilities program responsible for replacement and renovation of existing modular/mobile dental units. In fiscal year 1995 Congress expanded this to include new dental units at new sites.

IMPLEMENTATION

The IHS has developed a methodology that includes guidelines and criteria to allocate these funds where they are the most needed. The evaluation criteria includes analysis of the age, condition, and projected workload of the existing facility. It is expected that IHS will be able to replace approximately 2 to 3 modular dental units each year.

FUNDING HISTORY

The Congress appropriated the following for replacement of existing modular/mobile dental units:

FY 1994	$1,000,000
FY 1995	$998,000
FY 1996	$1,000,000
FY 1997	$1,000,000
FY 1998	$500,000
FY 1999	$1,000,000

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Community Hospital Construction Funding

BACKGROUND

AAn Act to authorize funds available for construction of Indian Health facilities to be used in the construction of community hospitals which will serve Indians and non-Indians,@ P.L. 85-151, is further defined by Senate Report No. 769 as to purpose and history for funding under P.L. 85-151.

IMPLEMENTATION

The Act does not authorize any new appropriations or expenditure of funds; however, it does permit the use of available appropriations for construction of community hospitals and allows the use of combining these available funds with other funding sources.

It must be demonstrated that construction of a community hospital by one or more public or other nonprofit agencies or organizations is more desirable and effective than direct Federal construction and operation.

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Maintenance and Improvement of IHS Health Care Facilities

BACKGROUND

The IHS and various tribal organizations operate 49 hospitals, 9 substance abuse treatment centers, and numerous health centers and clinics. To ensure that these facilities remain safe and operable, the Congress appropriates a line item for maintenance and improvement (M&I).

IMPLEMENTATION

The IHS allocates funds appropriated by the Congress using a modified University of Oklahoma Formula. This formula uses the building replacement value, the class of building, and the building utilization as major factors to evaluate need and allocate funds. Funds are allocated to most facilities that house IHS-funded programs, whether provided directly or through P.L. 93-638 contracts:

- to perform routine maintenance;
- to achieve compliance with accreditation standards;
- to improve and renovate facilities;
- to ensure that Indian health care facilities meet existing building codes and standards; and
- to ensure compliance with public law building requirements.

FUNDING HISTORY

In fiscal year (FY) 2000, the Congress appropriated $43, 433,000 for Repair, Maintenance, and Improvement.

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Environmental Compliance and Remediation

The House and Senate Conference Report on IHS Appropriations for FY 1993 states that $3 million appropriated that year should be included in the IHS base budget for Maintenance and Improvement (M&I) for the purpose of conducting an environmental management program for IHS and tribal health care facilities.

As a result of this direction from the Congress, IHS implemented a comprehensive environmental management program for assessment and remediation of damage to the environment. Assessment consists of formal environmental evaluations at IHS and tribal facilities to determine the nature and scope of environmentally related deficiencies. Remediation consists of construction and other activities to alleviate identified environmental threats and hazards.

Environmental compliance and remediation funds are available for all IHS and tribal health care facilities on a competitive basis, with the most acute environmental threats and hazards having the highest priority. These funds are allocated based on a priority of need and are not distributed as tribal shares.

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Administrative Initiatives

The Office of Environmental Health and Engineering has many administrative initiatives to improve how it provides services to the IHS customer. Some of these are described on the following pages.

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Indian Health Service Health Facilities Space Planning Process

For new space planning and design for Indian Health Service (IHS) health care facilities, the IHS is in the process of converting from using the planning guidelines in the Health Facilities Planning Manual (HFPM) to a computerized method, known as the Health Systems Planning (HSP) process. This process develops space planning documents and includes:

- A modular planning system, which allows the IHS to be more effective and efficient in the planning, design, and construction of facilities for the IHS health care delivery process.
- A system that is responsive to future health care needs.
- Departmental templates which are on computer-aided design drawings (CADD) for 22 departments, including floor plans, ceiling plans, furniture and equipment layouts and lists, and criteria requirements for electrical and mechanical systems.
- Out-of-template space planning criteria for 11 departments, which provides design criteria for the space planning of departments not addressed by the standard CADD templates.
- Metric planning and programming module criteria, that determines the structural grid for the template.

Currently, the HSP is being implemented for the planning and design of new space for IHS health care facilities, using the HSP CADD templates and/or planning criteria. Through the use of the HSP software, workloads are projected for each medical discipline, which, in turn, is used by the software to determine the space requirements for the departments.

As projects are planned in accordance with the new HSP space planning process, they will be placed on the respective IHS priority list as Program Justification Documents are approved

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Metrication

Public Law 100-418 designated the metric system as the preferred system of weights and measures for United States trade and commerce. All federal procurement, grants, and business-related activities are to be in metric by September 1992. In July 1991, Executive Order 12770 designated the Secretary of Commerce to direct and coordinate metric conversion efforts of federal agencies, and authorized the development of specific dates for metric conversion in industries where September 1992 was impractical to meet. The revised metric deadline was January 1994 for federal design and construction projects. Additionally, effective no later than January 1, 1995, design and construction of Federally assisted projects, not included as "direct Federal construction projects," shall be done in metric.

The Indian Health Service (IHS) is fully implementing the metric system. In March 1993, IHS directed that the General Services Administration Metric Design Guide be used by the Engineering Services and the Area Facilities Offices as the IHS standard for metrication.

On September 28 and 29, 1996, the 104th Congress passed the Savings in Construction Act of 1996. This allows federal agencies to specify both concrete block and lighting fixtures in metric and non-metric units; provided estimated installed costs are less for non-metric products. This applies to federal projects bid after January 1997. The law also required the appointment by each agency of a Construction Metrication Ombudsman to handle metric related complaints. The IHS ombudsman is located in the Office of Environmental Health and Engineering, Rockville, MD. Also, a follow-up letter sent to all Area Planners stated that metric units must be used in documentation for all projects planned or designed after October 1, 1993. The IHS Technical Handbook for Health Facilities, and Health Facilities Planning Manuals, will be in metric units.

IHS is coordinating with various Federal agencies and the private sector to determine the impact on contractors due to use of the metric system; such as, the availability of construction materials, how construction trades are coping with metric, and impact to construction bids.

The IHS has developed a course to train local contractors and tribal employees on the use of metric. This training covers definitions, style guidelines for writing and reading metric numbers, and differences that might be expected in construction materials.

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Non-IHS Federal Funding for Health Care Facilities Construction

Public Law 94-437, authorizes the Indian Health Service (IHS) to acquire health care delivery space through a variety of cooperative efforts with the tribes, including entering into joint ventures and accepting required space that, upon prior notification, tribes have renovated or constructed. These cooperative efforts become more attractive to tribes as direct federal funding of health care delivery facility construction becomes less available. In most cases these efforts benefit tribes with the natural resources or businesses that generate income. Many American Indian and Alaska Native groups are not capable of funding expensive renovations or expansions and must rely on grants, gifts, or other contributions to fund their portion of cooperative efforts.

Further information on other federal agencies that might have funds to assist in construction of health care facilities may be available in the Federal Domestic Assistance Catalog. This catalog can be obtained from the Government Printing Office (GPO) for a $53 fee. Call the GPO at (202) 512-1800. Or write to:

Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954.

The catalog is also available for searching on the Internet at

http://www.cfda.gov/

Tribes, who use non-IHS, federal, and non-federal, sources of funding, should be aware that the laws under which IHS is authorized to accept a facility and/or provide funding for staffing, equipment, and operation and maintenance contain specific language governing the conditions and criteria for IHS participation. In most cases tribes interested in constructing a facility to house IHS programs, must notify the IHS and receive approval for their facility. The IHS will approve only those facilities that comply with established planning criteria and guidelines. Approval is also dependent on availability of funds to staff, equip, operate, and maintain the facility.

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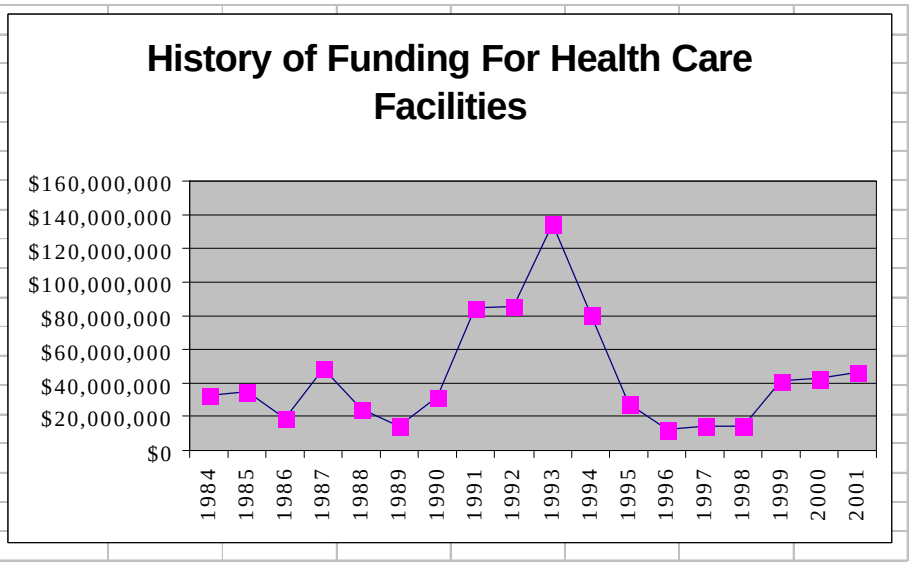
History of Indian Health Service Health Care Facilities Construction Funding

Funding for Indian Health Facilities has decreased significantly in the last few years. Funding levels, after rising to a high of approximately $134,000,000 in 1993, decreased sharply to $12,297,000 in 1996. Though fiscal years 1999 and 2000 funding is a modest increase over previous years, it is still approximately one quarter of the 1993 funding for construction

1984	$32,395,000
1985	$35,048,000
1986	$18,547,000
1987	$48,605,000
1988	$24,886,000
1989	$14,361,000
1990	$31,876,000
1991	$84,595,000
1992	$85,314,000
1993	$134,300,000
1994	$80,184,000
1995	$27,822,000
1996	$12,297,000
1997	$14,500,000
1998	$14,400,000
1999	$41,087,000
2000	$42,531,000
2001	$46,433,000



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Engineering Services Program

The Indian Health Service, Office of Environmental Health and Engineering, Engineering Services (ES), program provides professional project management and related services for planning, design, construction and leasing of health care facility space. The ES is responsible for the acquisition, award, administration, and closure of contracts for IHS facilities engineering construction projects, including all health care facilities construction, renovation, and modernization projects. The ES staff also conducts facility condition surveys and coordinates planning studies, i.e., site evaluation and housing verification studies, with Area and Headquarters staff.

The ES staff is comprised of licensed architects and registered engineers, certified contracting officers, warranted realty officers and associated support personnel. Project managers serve as a focal point for coordination and implementation project design and construction. The project managers are supported by specialists in architecture; contracting; real property; and electrical, mechanical, civil and structural engineering.

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Accepting Donated Space

The Public Health Service Act (42 U.S.C. 219) authorizes the Secretary, Department of Health and Human Services, (DHHS) to accept gifts of real property under certain circumstances. Before the Indian Health Service (IHS) may accept donations of health care delivery space under this authority, it must ensure that:

- The space is required to house health care services,
- There is no adequate existing Indian Health Service or tribal facility and no facility currently being constructed nearby that can house these services,
- The proposed space complies with IHS planning standards and guidelines set forth in the Health Facilities Planning Manual and other guidelines and policies, and
- Acceptance of the gift does not obligate the IHS to provide additional staff or services.
- Title to the real property is debt free and the deed contains no restrictive covenants, and
- The land and buildings proposed for donation are uncontaminated.

While IHS will consider all proposals to provide space required to house health services programs, it cannot accept space that it does not need. Tribes interested in donating space should submit a proposal to IHS before beginning design, to ensure that IHS will be able to accept the proposed facility. The proposal must address each of the bulleted items above.

In determining whether the proposed donated space is needed, IHS will review the status of any nearby existing facilities to determine their adequacy, capability, and plans for expansion and/or renovation.

If IHS needs the space, it will ask the tribe to provide a Program of Requirements for approval that shows the size of each room and the proposed space lay out by department. A part of the decision to accept donated space will be based on whether the location of the proposed donation will satisfy the needs of all Indians using the programs.

When the concept described in the proposal is approved by IHS, the actual acquisition will be handled the same as other DHHS acquisitions. The property must be surveyed by a registered surveyor and appraised by an appraiser approved by the regional U.S. Attorney. The U.S. Attorney will prepare the necessary transfer documents, including all contracts, deeds, and title policy commitments.

These documents must be submitted to the Attorney General of the United States for an opinion on title. Transfer of the property will be made only after the Attorney General has advised that the site acquisition documents are complete.

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Clinical Engineering

Many health care services delivered by IHS require special medical equipment that must be acquired, installed, tested and calibrated, and maintained. Not only must each health care facility be equipped to meet its mission, but IHS continues to explore innovative methods, requiring new electronic technologies, to provide health care in rural settings. IHS acquires medical equipment for IHS and tribal health care facilities either as a part of construction of a new facility or with funds appropriated specifically to purchase equipment.

FUNDS DISTRIBUTION METHODOLOGY

Equipment funds included in funding for specific health facilities construction projects must be used to purchase equipment for the facility for which they are appropriated.

However, the Congress also appropriates funds to modernize or replace existing equipment or provide equipment in facilities acquired outside the Health Facilities Construction Priority System. Of these funds, the Congress directs that $3,000,000 be allocated, on a pro rata share basis, to support tribally constructed health care facilities. In addition, IHS sets aside some funds to procure, transport, and store excess Department of Defense (DOD) medical equipment so that it can be inventoried and provided to IHS facilities and tribes that need it. The remainder of the funds appropriated for equipment is allocated among all IHS and tribal health care facilities based on workload using a standard formula.

DOD EXCESS MEDICAL EQUIPMENT

The DOD occasionally makes excess medical equipment available to other federal agencies. To obtain this equipment, IHS need only acquire it (at no or minimal cost) and pay for its transportation and storage. After obtaining the equipment the IHS inventories it and makes lists available to tribes and Area Offices. Because the DOD makes this equipment available only to other Federal agencies, any tribe interested in obtaining equipment through this process must contact the Area Office Clinical Engineer.

Each Area develops a request for equipment based on the needs of tribes and service units. Since the demand is great and the supply of excess equipment is limited, IHS has established a lottery process for selection of equipment by the Area Offices.

FUNDING HISTORY

During each of the last several years, the Congress has appropriated approximately $13,000,000 to be used in funding replacement equipment. Of this, the Congress directs IHS to allocate $3,000,000 to tribes that need medical equipment for health care facilities they construct outside the IHS Health Care Facilities Construction Priority System Process. In FY 1998, IHS allocated $500,000 for purchase, transportation and storage of excess DOD equipment, leaving $9,500,000 to be allocated based on workload in FY 1998.

Prior to FY 1998, approximately $230,000 was allocated to transport and store excess DOD equipment.

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